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## Art Unit Application James K. Moore **Examiner Name** Assistant Commissioner for Patents GB 010202 Attorney Docket Number Washington, D.C. 20231 Please change the Correspondence Address for the above-identified application 24738 24738 X Customer Number Type Customer Number here OR Firm or Individual Name Address Address ZIP State City Country This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Telephone Change" (PTO/SB/124). I am the : Applicant/Inventor Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). Attorney or Agent of record. X Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number Typed or Printed Peter Zawilski Name Signature NOTE: Signatures of all the inventors or assigness of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. 1\_\_\_\_forms are submitted.

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